FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority Report of Findings Westlake Community Hospital HRA #15-100-9017

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Westlake Community Hospital. The HRA notified Westlake of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that a staff member was rude to a consumer of services. In addition, the consumer was restricted from making telephone calls and he was not permitted to make a telephone call to the Illinois Department of Public Health.

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103 and 5/2-112).

To pursue this investigation, a site visit was conducted at which time the allegation was discussed with the hospital's Director of Quality and Behavioral Health and the Program's Director. The HRA reviewed hospital policies relevant to the allegation and reviewed a consumer's clinical record with consent. After meeting with hospital personnel, the HRA interviewed two patients. The HRA acknowledges the full cooperation of hospital personnel.

Background

Westlake Hospital is a 282-bed facility located in Melrose Park. The hospital's Mental Health and Addiction services provide comprehensive care for children, adolescents, adults, and seniors in both inpatient and outpatient settings. The services include emergency/crisis care, a 25-bed inpatient treatment program, outpatient therapy, short and long-term residential programs and home visits.

Findings

The clinical record revealed data on an adult male consumer admitted to the hospital on January 26, 2015; he was discharged February 28, 2015. The discharge summary states that when he first arrived to the unit, staff members were meeting with him on an individual basis to help him understand the expectations of treatment and encourage him to develop insight into his treatment issues. It was noted that the consumer needed redirection, verbal cues and limit setting.

A progress note written a few days after admission documented that a staff member from the consumer's residential placement had called the hospital, informing hospital staff that the consumer had called making threats to staff members. A physician's order was written documenting that the consumer was to have no out-going phone calls due to harassment. The following day it was noted that the consumer was insisting to use the telephone although he knew he was on a phone restriction. Staff members then asked the consumer for the number so that they could make the call for him, but he would not provide the number. Progress note documentation for February 2, 2015, indicated that the consumer stated, "I am going to make a call and no mother-fucker is going to stop me." On February 3, 2015, a physician's order documented that the consumer can only call his clergy, attorney, and the Guardianship and Advocacy Commission due to

threats and harassment to others. On February 5th, a Social Worker met with the consumer to provide 30-minutes of supervised time to make phone calls. The chart contained a Restriction of Rights Notice for the restriction. On February 11, 2014, progress notes documented that the consumer was meeting with the Illinois Department of Public Health.

At the site visit, hospital personnel stated that a consumer would receive a communication restriction when the consumer is using the phone to cause harm to others. It was stated that they received a telephone call from the consumer's residential placement saying that the consumer had been making threatening calls; the decision was then made to restrict his communication. All restrictions are reviewed daily to determine if the restriction needs to continue. It was offered that the telephones are available from 7:30 a.m. until 10 p.m.; the phones are not available during therapeutic groups or meals and they ask that the consumer limit each call to 10 minutes.

The HRA toured the unit and observed six phones for consumer use. The phones were located in the dayroom, hallway and a room that provided privacy. All calls within the state can be made free of charge. The HRA interviewed a few consumers that were receiving services at the time of the visit. The consumers interviewed said that the telephones are readily available and that they had not had any problem receiving or making a phone call.

The hospital's Use of Telephones in the Psychiatric Department policy states that a patient on the inpatient psychiatric unit shall be permitted unimpeded, private and uncensored communication with persons of his choice by telephone. The policy further states that telephones are available on the unit for patients to receive and make phone calls. Patients are informed of phone time through a posted schedule and communication at the daily community meeting. Patients may make or receive calls at any time to and/or from the Guardianship and Advocacy Commission, to and/or from legal counsel, to and/or from clergy, and to and/or from government officials. The use of the telephone by a patient may be reasonably restricted by the physician only in order to protect the patient or others from harm, harassment or intimidation. The physician will provide an order from the restriction of communication, stating the affected party and the rationale for the restriction. Once telephone communication is restricted, the patient shall be advised of his right to notify the affected party of the restriction. In addition, the affected party will be notified once the restriction is removed, staff will complete the restriction of rights document and distribute the copies as directed.

Regarding the allegation that a staff member was rude to the consumer, the Director offered that the Illinois Department of Public Health was investigating this allegation. The Director also offered that this staff member had received disciplinary action subsequent to an internal review.

The hospital's employees Code of Conduct policy states that employees are subject to immediate discharge, even for a first-time offense, for various policy violations including, but not limited to..."fighting with, attacking, threatening, intimidating, or interfering with employees, patients, managers or other individuals at any time; jeopardizing the health or safety of patients or employees for any reason."

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-103, "Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation. (c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the

restrictions are no longer in effect. However, all letters addressed by a recipient to the Governor, members of the General Assembly, Attorney General, judges, state's attorneys, Guardianship and Advocacy Commission, or the Agency designated pursuant to 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named', approved September 20, 1985, officers of the Department, or licensed attorneys at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities."

The hospital received notification from an outside source that the consumer had been making harmful telephone calls and an order was issued to restrict his communication rights. The order was for "no-outgoing calls"; this order is a violation of consumer rights, since it should have restricted calls to only the affected party. However, staff members did try to assist the consumer with making an outgoing call the day after this order was written, so in actuality his communication rights were not violated. The order was modified to say that consumer could make calls to only three different entities; again a violation of communication rights. The clinical record noted that the consumer was being interviewed by the Illinois Department of Public Health, an indication that he was able to contact them; the allegation is unsubstantiated.

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-102 (a), "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan." Section 2-112 states that "every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect." The HRA will defer the investigative conclusion regarding the rude staff member to the Illinois Department of Public Health.

Recommendation

The hospital must ensure that when communication rights are restricted, the order denotes only the affected parties. Communication restrictions must never be as broad as "all outgoing" or "all incoming" telephone calls.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.





Guardianship and Advocacy Commission

9511 Harrison Street, Room 335

Des Plaines, IL 60016-1565

RE: HRA #15-100-9017

Dear Ms. Getchell:

I am writing in response to the above case specific to the allegation of restricted telephone communication for the identified patient. Westlake Hospital did review its' policy specific to patient rights and restrictions of those rights as well as our process for obtaining orders that clearly define the rationale and party/parties that could be restricted.

Education was provided to staff and physicians specific to the content of an order that restricts communication and the charge nurse is responsible for ensuring the order meets the intent of the law/policy.

Westlake asks that this response be posted to the website.

Sincerely,

Ruth Matthei

Chief Nursing Officer

Westlake Hospital